



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

RECEIVED

MAY 20 2008

Washington State
Department of Ecology

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE **MINIMUM** FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: City of Gig Harbor	Phone No: 253-851-6170	Other No:
Address: 3510 Grandview Street		
City: Gig Harbor	State: WA	Zip: 98335
Email Address (optional):		

Contact Name (if different from above): Steve Misiurak	Phone No: 253-853-7626	Other No: 253-851-6170
Relationship to Applicant: City Engineer		
Address: Same as Above		
City: Same as Above	State:	Zip:
Email Address (optional): misiuraks@cityofgigharbor.net		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: To develop a new additive groundwater right to meet the City of Gig Harbor's existing and projected population demands. Proposed new additive right/well (Well 10) would be developed in Gig Harbor's City Park located at the north end of Gig Harbor on the east side of Crescent Creek.

Anticipated length of time to complete your project: 9 months

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Municipal Water Supply		800 gpm	750 afy	Continuously
TOTAL:		800 gpm	750 afy	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

For Ecology Use	APPLICATION NO: <u>G2-30473</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned <u>5/29/08</u>	By <u>se</u>	Priority Date <u>5/29/08</u> By <u>se</u> WRIA: <u>15</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>16" Casing/130 feet deep</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>1</u>
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
02-22-32-3-108	SE	SW	32	22	2E	Pierce
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
320 Feet (☒ North/☐ South) and 1940 feet (☒ East/☐ West)
from the (☐NW ☒SW ☐NE ☐SE ☐) corner of Section 32.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
_____ feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐) corner of Section _____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Area Served by City of Gig Harbor as described in City's Water System Comprehensive Plan

¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: N/A

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO
If yes, provide the water right and/or claim numbers: G2-00522C (Well 2) - Proposed Well 10 within same published area of Well 2. Other Gig Harbor Certificated Groundwater Rights: G2*-01015C/50c-C, G2-25078C, G2-27393C, G2-27794C, G2-28102C, G2-29896C, G2*-07773/6018-A.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The City of Gig Harbor owns and operates a Municipal Water Supply System with eight certificated groundwater rights/wells, and one exempt well. Please see attached excerpt from Gig Harbor Comprehensive Water System Plan for a more detailed description

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: <u>7,000</u>
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: <u>28,000</u> (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☒ YES ☐ NO

If yes, date plan was approved June/ /2001 Water System Number: 276009

Name of water system: City of Gig Harbor Municipal Water Supply System

Are you within the service area of an existing water system? ☒ YES ☐ NO

If yes, explain why you are unable to connect to the system: N/A

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site:I-5 to Hwy 16 to Gig Harbor Exit (Wollochet Drive), go right after exit, continue on Wollochet Drive which converts to Pioneer Street, go to bottom of hill and find, 3 way stop - left on Harborview Drive, continue for 2 miles, come to 3 way stop, go right to N. Harborview Drive - continue 1 mile - come to intersection -take a right Vernhardson Street, City Park is on left past creek, left turn into entrance.

Site Address: 31xx Verhardson Street, Gig Harbor, WA 98335

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

STEPHEN MISIURAK

Print Name

(Applicant or authorized representative)

[Signature]

Signature

5/28/08

Date

Print Name

(Landowner of Place of Use)

Signature

Date

Print Name

(Landowner of Place of Use)

Signature

Date

Print Name

(Landowner of Place of Use)

Signature

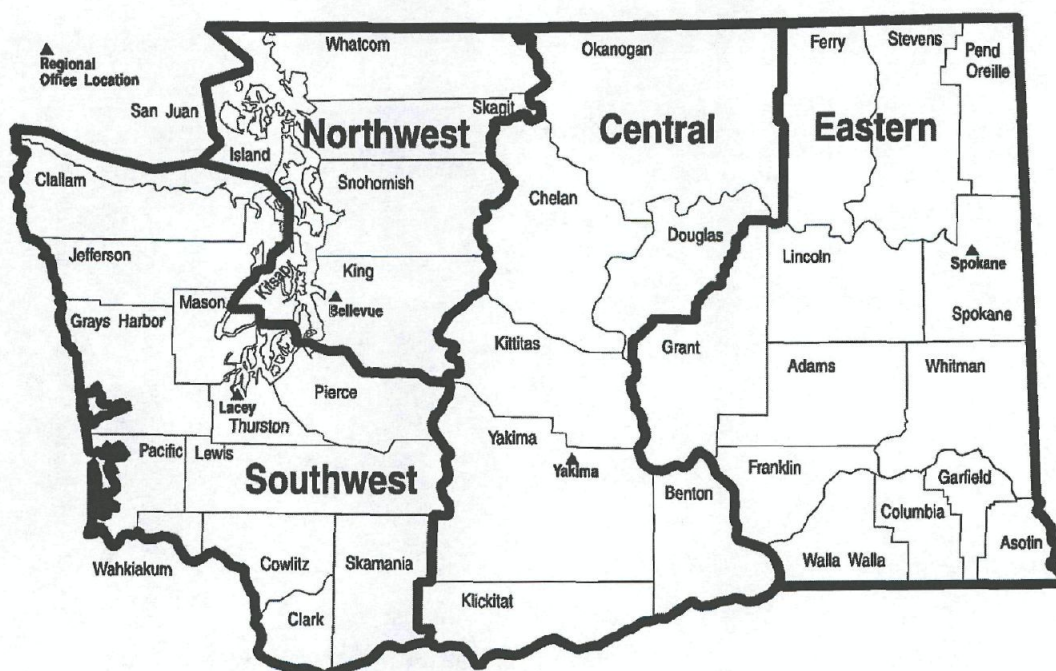
Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

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	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____		By _____	Priority Date _____	By _____ WRIA: _____